2017 Summer Volleyball Academy

with Coach Denny Werner

East Coast Power & Garden Spot Volleyball Coach

 

**Camp Director: Denny Werner**

East Coast Power Volleyball Club (1 year), J-Stroke VBC Coach (7 years) and Garden Spot HS Head Coach (19 years)

Director, East Coast Power Volleyball Club (Susquehanna Division)

J-Stroke VBC Coach…Coached 12 -18 U teams…(2012 Happy Volley Champions, 19 medals and 12 top 10 finishes @ MLK, Capitol Classic, NEQ and Happy Volley),

2013 USA Volleyball Girls Junior Nationals, Dallas, TX, 2014 AAU Girls’ Nationials, Orlando, FL,

Garden Spot HS Coach…(307 wins and 116 losses in 19 seasons, 8 Lancaster Lebanon League Sect 2 Championships, LL League Championship, PIAA Runner Up)

PVCA Vice President, PVCA District 3 Rep, PVCA AAAA & AAA Top 10 Coordinator, PVCA AAAA & AAA All State Committee chairperson

***Camp Dates/Times/Cost:***

***$125 per camper***

*High School Camp: (2016-2017 school year) 8th– 11th Grade,* ***July 10th – 14th 10:30-1:00pm daily***

*Middle School Camp: (2016-2017 school year) 4th -7th Grade,* ***July 10h – 14th 2:00-4:30pm daily***

***Camp Location:***

*Wyomissing First Church of the Brethren, 2200 State Hill Road, Wyomissing, PA 19610*

***About the camp…***

*Summer Volleyball Academy w/ Coach Denny Werner is dedicated to building on the skills attained in the fall and spring seasons. The camp will assist campers in completing a competitive bridge toward the fall middle and high school volleyball seasons that begin in August.*

**Summer Volleyball Academy Registration Form**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_**

**Camp Entering: (check one) \_\_\_\_\_ MS Camp (2016-17) 4th-7th grade ­­­­­­­­**

**\_\_\_\_\_ HS Camp (2016-17) 8th-11th grade**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size (Circle One) Adult S M L XL XXL**

**Make Checks Payable to: *Denny Werner***

**Mail Registration Form and Check to:**

**Denny Werner, 100 Perkasie Avenue, West Lawn, PA 19609**

**REGISTRATION DEADLINE: $5 discount ($120) if received by June 9th, ($125) after June 9th up until June 30th (deadline for registration)**

***Informed Consent***

I realize that volleyball is a physical activity that involves aerobic and aerobic activity. I know that my child must be and act responsible for themselves and their co-participants. I understand that participation in volleyball involves certain inherent risks and that, regardless of the precautions taken by J-Stroke Summer Volleyball Academy or the participants, some injuries may occur. These injuries may include, but are not limited to: contusions, cramping, abrasions, sprains, strains, dislocations, fractures, head injuries, neck injuries, quadriplegia, blindness and death. These injuries may result from various hazards, such as neglecting to warm up, stretch or cool down, diving to the floor to make a play, landing on other players after spiking, blocking, running into walls or bleachers trying to play a ball, being hit in the face or body by a spiked ball. The likelihood of such injuries may be lessened by adhering to the safety rules set by the coaches. In order to properly protect my own child’s safety and that of his/her fellow participants, I agree to instruct my child to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to his/her coach. I further certify that my child’s present level of physical condition is consistent with the demands of active participation in volleyball. Following is a full and complete list of all my child’s known health conditions that may affect his or her ability to participate.

I have carefully read the foregoing document. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand and appreciate the risks involved in my child’s active participation in volleyball and I am voluntarily requesting permission for him/her to participate.

PARENT’S SIGNATURE DATE